

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: Tom Patti

Daytime Telephone: _____

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LEGISLATIVE RESOURCE CENTER

2021 DEC 23 AM 11:04

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>CALIFORNIA</u> District: <u>CD 9</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates - Date of Election: <u>JUNE 2022</u>		
	<input type="checkbox"/> New Officer or Employee	Start Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? OR b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED

Name:

Tom Patti

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII									
	SAVING BANK																																													
	COUNTY																																													

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My Account: tompatti44

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tompatti44 value	Total cash	Margin balance*	Maint req*	Stock buying power*	Options buying power*
\$8,542.60	\$1,949.70	\$0.00	\$1,977.87	\$21,882.43	\$6,564.73
\$3.04 (0.04%)	\$0.00 (0.00%)	\$0.00	\$0.91 (0.05%)		

*Includes margin

Asset type All positions

Stocks							View: Pats view	
Symbol	Qty	Cost/share	Last	Day gain(\$)*	Day gain(%)*	Mkt value*	Gain(\$)*	Gain(%)*
BAC	56.552	19.68047	44.15	16.97	0.68%	2,497.90	1,384.93	124.44%
GAIN	250	9.283	16.38	-20.00	-0.49%	4,095.00	1,774.25	76.45%
*Most data is streaming, but values marked with * update every 5 minutes. 6:00:43 pm ET 12/6/21 Update now							Current value: \$6,592.90	\$3.04 (0.05%)

Total Cash				
Description	Mkt value*	Day gain (\$)*	Accrued interest (\$) ¹	
Cash	0.00	0.00	-	
FDIC INSURED DEPOSIT ACCOUNT CORE NOT COVERED BY SIPC	1,949.70	0.00	0.00	
*Most data is streaming, but values marked with * update every 5 minutes. 6:00:43 pm ET 12/6/21 Update now				
Current value: \$1,949.70			\$0.00 (0.00%)	

Data displayed on this page is for information purposes only. Go to [My Account > Cost Basis](#) to view information for tax-reporting. TD Ameritrade does not provide tax advice. You may wish to consult independent sources with respect to tax lot and performance reporting.

Quotes may be delayed up to 15 minutes. If you see delayed quotes, it might be because you haven't signed the exchange agreements, which is required in order to receive streaming data. To sign the agreements, go to [My Profile](#).

Indicates non-standard option

Indicates options that are in-the-money

¹Interest is accrued daily and credited to your account on a monthly basis. This is accrued interest month-to-date that has not yet been paid; however, this money can be withdrawn or used to buy securities.

The "cash alternatives" balance is the interest- or dividend-earning cash you hold in a sweep vehicle; this money can be withdrawn or used to buy securities. This balance also includes accrued interest that will be paid at month-end.

SCHEDULE F – AGREEMENTS

Name:

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
<i>Example: Doe Jones & Smith, Hometown, State</i>	<i>Accounting Services</i>
<i>MIKE TYSON</i>	<i>Boxing Training</i>
<i>DELTA CRANES LLC</i>	<i>OWNER OF LLC</i>
<i>SAN JOAQUIN COUNTY</i>	<i>ALLECTED POSITION - COUNTY SUPERVISOR</i>

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Use additional sheets if more space is required.